

Fill	in this information to identify your c	case:								
Del	btor 1 Maria Gonz	alez			_					
1	btor 2 buse, if filing)				_					
Uni	ited States Bankruptcy Court for the	e: EASTERN DISTRICT	OF PENNSYLVANIA	4	_					
	se number 18-12417					Chec	k if this is	:		
(If kı	nown)						n amende	Ū		
									g postpetition Illowing date:	
0	fficial Form 106I					ī	MM / DD/ \	/YYY	ŭ	
S	chedule I: Your Inc	ome				10	IIVI / DD/			12/1
sup spo atta	as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not filir ur spouse is not filing wi On the top of any addition	ng jointly, and your th you, do not inclu	spouse i	s liv nati	ing with on abou	you, incl t your sp	ude inform ouse. If mo	nation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1				Debtor :	2 or non-fil	ing spouse	
	If you have more than one job,		☐ Employed				☐ Empl		g oposio	
	attach a separate page with information about additional employers.	Employment status	■ Not employed					mployed		
	• •	Occupation								
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed the	nere?				_			
Pa	rt 2: Give Details About Mo	nthly Income								
	imate monthly income as of the duse unless you are separated.	late you file this form. If y	you have nothing to r	eport for	any	line, write	e \$0 in the	space. Inc	lude your no	n-filing
	ou or your non-filing spouse have m e space, attach a separate sheet to		embine the information	n for all e	mple	oyers for	that perso	on on the lir	nes below. If	you need
						For Del	btor 1		otor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		0.00	\$	N/A	-
3.	Estimate and list monthly over	time pay.		3.	+\$		0.00	+\$	N/A	-
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$		0.00	\$	N/A	

Official Form 106l Schedule I: Your Income page 1

Debtor 1		Maria Gonzalez				Case number (if known)			18-12417		
						r Debtor 1		no	r Debtor n-filing s	spouse	
	Cop	y line 4 here	4.		\$_	C	0.00	\$_		N/A	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5		\$_		0.00	\$_		N/A	
	5b.	Mandatory contributions for retirement plans		b.	\$_		0.00	\$_		N/A	
	5c.	Voluntary contributions for retirement plans		C.	\$_		0.00	\$_		N/A	
	5d.	Required repayments of retirement fund loans		d.	\$_		0.00	\$_		N/A	
	5e. 5f.	Insurance Domestic support obligations	5f	e. f	\$_ \$		0.00	\$_ \$		N/A N/A	
	5g.	Union dues	5		\$ \$		0.00 0.00	\$ \$		N/A N/A	
	5h.	Other deductions. Specify:		у. h.+	· . —		0.00	· -		N/A	
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		¢ –			\$			
7.			7.		Φ \$		0.00	э_ \$		N/A	
		culate total monthly take-home pay. Subtract line 6 from line 4.	/.	•	Φ _		0.00	Φ_		N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	88	a.	\$_	C	0.00	\$_		N/A	
	8b.	Interest and dividends		b.	\$_		0.00	\$_		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80	C.	\$	C	0.00	\$		N/A	
	8d.	Unemployment compensation	80	d.	\$	C	0.00	\$		N/A	
	8e.	Social Security	86	e.	\$	C	0.00	\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: food stamps	e 81	f.	\$	194	1.00	\$		N/A	
	8g.	Pension or retirement income	8 <u>(</u>	g.	\$_	C	0.00	\$		N/A	
	8h.	Other monthly income. Specify: fiance's assistance	81	h.+			0.00	+ \$_		N/A	
		family assistance	_		\$_	380	0.00	\$_		N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [\$	1,294	1.00	\$_		N/A	
10.	Cald	culate monthly income. Add line 7 + line 9.	10.	\$		1,294.00	+ \$		N/A	= \$	1,294.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		٠-		1,2000			,,	' -	1,2000
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	dep					•	Schedul	e J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							e. 12.	\$Combin	
13	Dos	you expect an increase or decrease within the year after you file this form	2							monthly	y income
10.	=	No.	•								
		Yes. Explain:									

Official Form 106l Schedule I: Your Income page 2

511	in this informa	ation to identify yo	our case:					
Deb	otor 1	Maria Gonza	lez				k if this is: An amended filing	
Deb	otor 2					_	•	ving postpetition chapter
(Spc	ouse, if filing)						13 expenses as of	
Unit	ed States Bank	ruptcy Court for the	: EASTE	RN DISTRICT OF PENNS	YLVANIA	_	MM / DD / YYYY	
1	nown)	8-12417						
Of	fficial Fo	rm 106J						
Sc	chedule	J: Your l	Exper	ises				12/1
Be a	as complete ormation. If m	and accurate as	possible.	If two married people ar ch another sheet to this				
Par 1.	t 1: Desci	ribe Your House nt case?	hold					
	■ No. Go to		in a separ	ate household?				
		lo	·	al Form 106J-2, <i>Expen</i> ses	s for Separate House	ehold of Debt	or 2.	
2.	Do vou hav	e dependents?	□ No					
	Do not list D Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			fiance'		44	Yes
								□ No □ Yes
					-		·	□ No
								☐ Yes
								□ No
3.	Do your exp	penses include	_	No				☐ Yes
	expenses o	f people other to d your depende	han 👝	Yes				
exp	imate your ex	a date after the b	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this followers of the second se	orm as a su J, check th	pplement in a Cha e box at the top o	apter 13 case to report f the form and fill in the
the	•	h assistance an		government assistance i luded it on <i>Schedule I:</i> \	•		Your exp	enses
,		· - ' /						
4.		or home owners and any rent for the		ses for your residence. I r lot.	nclude first mortgage	e 4. \$		0.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. \$		50.00
		erty, homeowner's				4b. \$		70.00
		e maintenance, re eowner's associat	•			4c. \$ 4d. \$		0.00
5.				our residence, such as ho	me equity loans	4u. э 5. \$		0.00

Debtor 1	Maria Gonzalez	Case num	ber (if known)	18-12417
6. Utiliti	es:			
6a.	Electricity, heat, natural gas	6a.	\$	120.00
6b.	Water, sewer, garbage collection	6b.	\$	64.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	60.00
6d.	Other. Specify:	6d.	\$	0.00
7. Food	and housekeeping supplies	7.	\$	420.00
3. Child	care and children's education costs	8.	\$	0.00
. Cloth	ing, laundry, and dry cleaning	9.	\$	20.00
	onal care products and services	10.	\$	0.00
	cal and dental expenses	11.		100.00
2. Trans	sportation. Include gas, maintenance, bus or train fare.		·	
	ot include car payments.	12.	\$	10.00
13. Enter	tainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
4. Chari	itable contributions and religious donations	14.	\$	0.00
5. Insur	=			
Do no	ot include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	0.00
15d.	Other insurance. Specify:	15d.	\$	0.00
6. Taxe :	s. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Speci		16.	\$	0.00
7. Insta	Ilment or lease payments:			
	Car payments for Vehicle 1	17a.	\$	0.00
17b.	Car payments for Vehicle 2	17b.	\$	0.00
	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.		0.00
	payments of alimony, maintenance, and support that you did not report as		·	
	cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
	r payments you make to support others who do not live with you.		\$	0.00
Speci	fy:	19.		
20. Othe r	r real property expenses not included in lines 4 or 5 of this form or on Sch	edule I: Yo	our Income.	
20a.	Mortgages on other property	20a.	\$	0.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
1. Other	r: Specify:	21.	+\$	0.00
•				0.00
22. Calc ı	ılate your monthly expenses			
	Add lines 4 through 21.		\$	914.00
22b. (Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	Add line 22a and 22b. The result is your monthly expenses.		\$	914.00
	, , , ,			
	ulate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	1,294.00
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	914.00
23c.	Subtract your monthly expenses from your monthly income.	00.	l _e	380.00
	The result is your <i>monthly net income</i> .	23c.	\$	300.00
	ou expect an increase or decrease in your expenses within the year after y			ease or decrease because of a
For ex	ample, do you expect to finish paying for your car loan within the year or do you expect you cation to the terms of your mortgage?	ur mortgage į	Dayment to more	